

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Long	William	Turner

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Department of Conservation

Division, Board, Department, District, if applicable

Your Position

Division Oil, Gas and Geothermal Resources

Supervising Oil and Gas Engineer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

<input checked="" type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

3. Type of Statement (Check at least one box)

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018.	<input type="checkbox"/> Leaving Office: Date Left _____/_____/ (Check one circle.)
-or-	<input type="radio"/> The period covered is January 1, 2018, through the date of leaving office.
The period covered is 4 / 23 / 2018, through December 31, 2018.	<input type="radio"/> The period covered is _____/_____/ through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed _____/_____/_____	
<input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____	

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- **None** - No reportable interests on any schedule

5. Verification

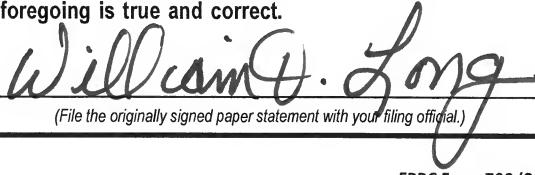
MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
4800 Stockdale Hwy, suite 100		Bakersfield	Ca	93309
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(661) 334-3646		William.long@conservation.ca.gov		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/25/2019
(month, day, year)

Signature


(File the originally signed paper statement with your filing official.)